

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10587615

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1		1	
2				1		1
3				1		1
4						
5				1		1
6				1		1
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12				1		1
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20				1		1
21				1		1
22			1		1	
23				1		1
24				1		1
25			1		1	
26				1		1
27				1		1
28			1		1	
29				1		1
30						
31						
32				1		1
33						
34				1		1
35				1		1
36			1		1	
37				1		1
38				1		1
39				1		1
40				1		1
41				1		1
42			1		1	
43				1		1
44			1		1	
45				1		1
46				1		1
47				1		1
48				1		1
49				1		1
50				1		1
TOTAL IND.	0	↓	7	↓	7	↓
TOTAL DEP.	0	←	27	←	27	←
TOTAL CLAIMS	0		34		34	

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.	0	↓	0	↓	0	↓
TOTAL DEP.	0	←	0	←	0	←
TOTAL CLAIMS	0		0		0	